

Figure S1. Systemic transplantation of hMSCs improves serum hyper-autoantibody levels and renal dysfunction in MRL/*lpr* mice. (A) A schema of systemic transplantation (Tx) of hBMMSCs and SHED into MRL/*lpr* (*lpr*) or C57BL/6 (BL/6) mice. The mice were received the transplants at 16 weeks (wks) of age. The control mice were treated with PBS. (B) ELISA of serum autoantibody. ANA: anti-nuclear antibody. (C) Levels of urine protein and serum albumin and creatinine. **B, C:** $n=5$ for all group. Pre-MRL/*lpr*: pre-transplant MRL/*lpr* mice at 16 weeks of age; MRL/*lpr*, hBMMSC-T, SHED-T: non-, hBMMSC-, and SHED-transplanted MRL/*lpr* mice at 20 weeks of age, respectively. * $P<0.05$, ** $P<0.01$, and *** $P<0.005$. The graph bars represent means \pm SD.

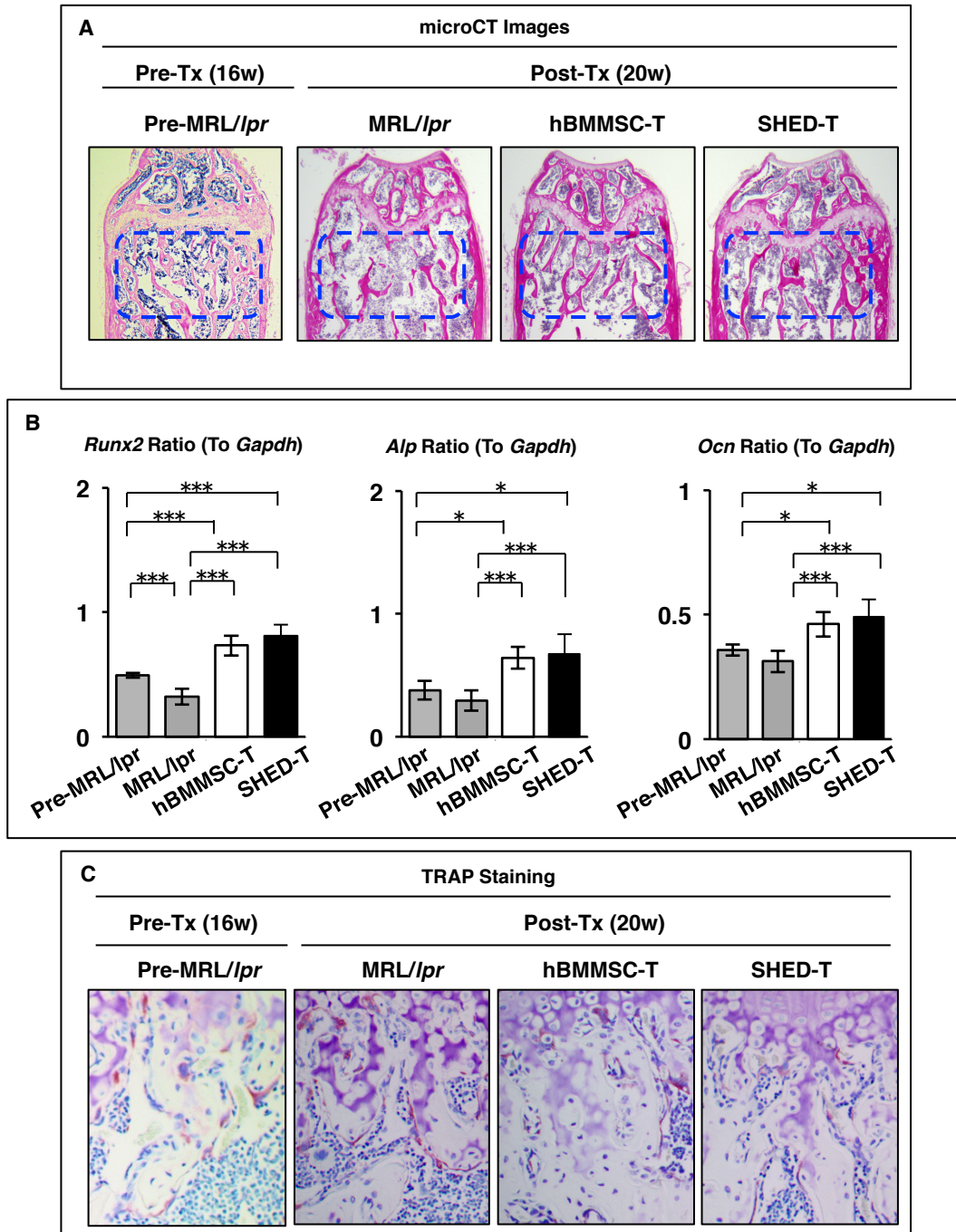


Figure S2. Systemic hMSC transplantation ameliorates the bone loss in MRL/lpr mice. (A) Representative histological images of trabecular bone structures (blue-dashed areas). (B) *In vivo* osteoblast activity assay. Real-time RT-PCR analysis of osteoblast-specific genes. *Alp*: alkaline phosphatase; *Gapdh*: Glyceraldehyde 3-phosphate dehydrogenase; *Ocn*: osteocalcin; *Runx2*: runt-related transcription factor 2. (C) *In vivo* osteoclast activity assay. TRAP staining of recipient tibias. A–C: n=5 for all groups. Pre-Tx (16w): pre-transplant stage at 16 weeks of mouse age; Post-Tx (20w): post-transplanted stage at 20 weeks of mouse age. B: * $P < 0.05$ and *** $P < 0.005$. Bar graphs show the means \pm SD.

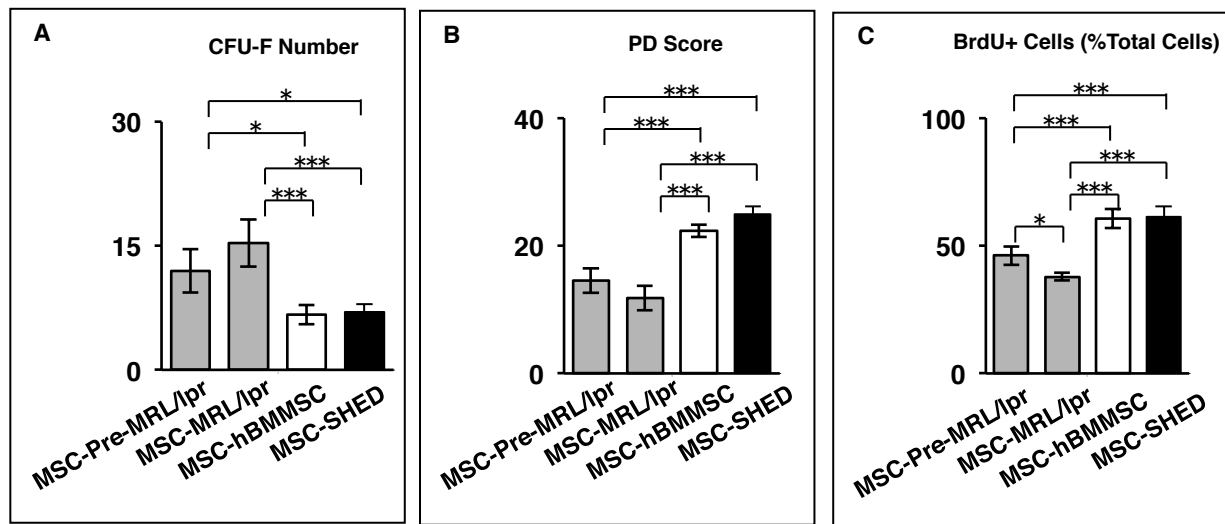


Figure S3. Systemic hMSC transplantation recovers dysregulation of recipient BMMSCs in MRL/*lpr* mice. (A–C) Stemness of recipient BMMSCs. Colony forming unit-fibroblasts (CFU-F) assay (A). Population doubling (PD) assay (B). Brd-U incorporation assay (C). A–C: n=5 for all groups. * $P < 0.05$ and *** $P < 0.005$. Bar graphs show the means \pm SD. MSC-Pre-MRL/*lpr*, MSC-MRL/*lpr*, MSC-hBMMSC, MSC-SHED: BMMSCs isolated from pre-transplant MRL/*lpr* mice at 16 weeks of age, and non-, hBMMSC-, and SHED-transplanted MRL/*lpr* mice at 20 weeks of age, respectively.

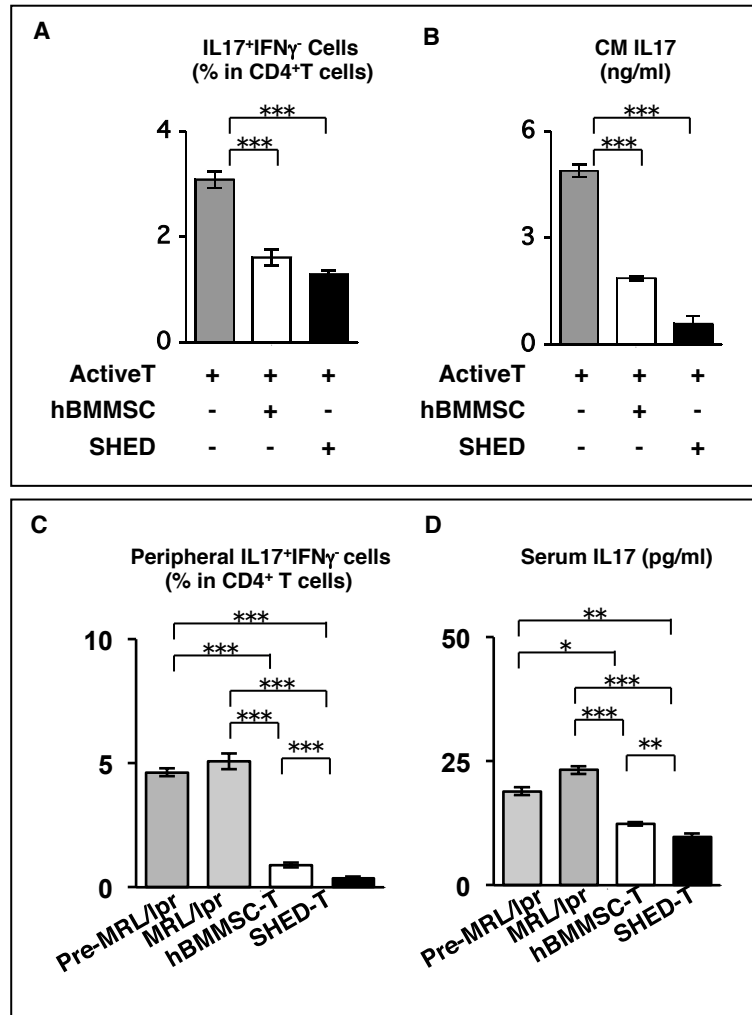


Figure S5. Systemic transplantation of hMSCs suppresses peripheral Th17 cells in MRL/lpr mice. (A, B) Suppression of Th17 cell differentiation and IL-17 secretion by hBMMSCs and SHED in co-culture. Flow cytometry of CD4⁺IL-17⁺IFN γ cells (A). ELISA of IL-17 in conditioned medium (CM IL17) (B). (C, D) Peripheral levels of Th17 cells and IL-17 in recipient MRL/lpr mice. Flow cytometry of peripheral CD4⁺IL-17⁺IFN γ cells (C). ELISA of serum IL-17 (serum IL17) (D). * P <0.05, ** P <0.01, and *** P <0.005. The graph bar represents means \pm SD. n =5 for all groups. A, B: Active T: human CD4⁺CD25⁺T cells activated with anti-CD3 and anti-CD28 antibodies.

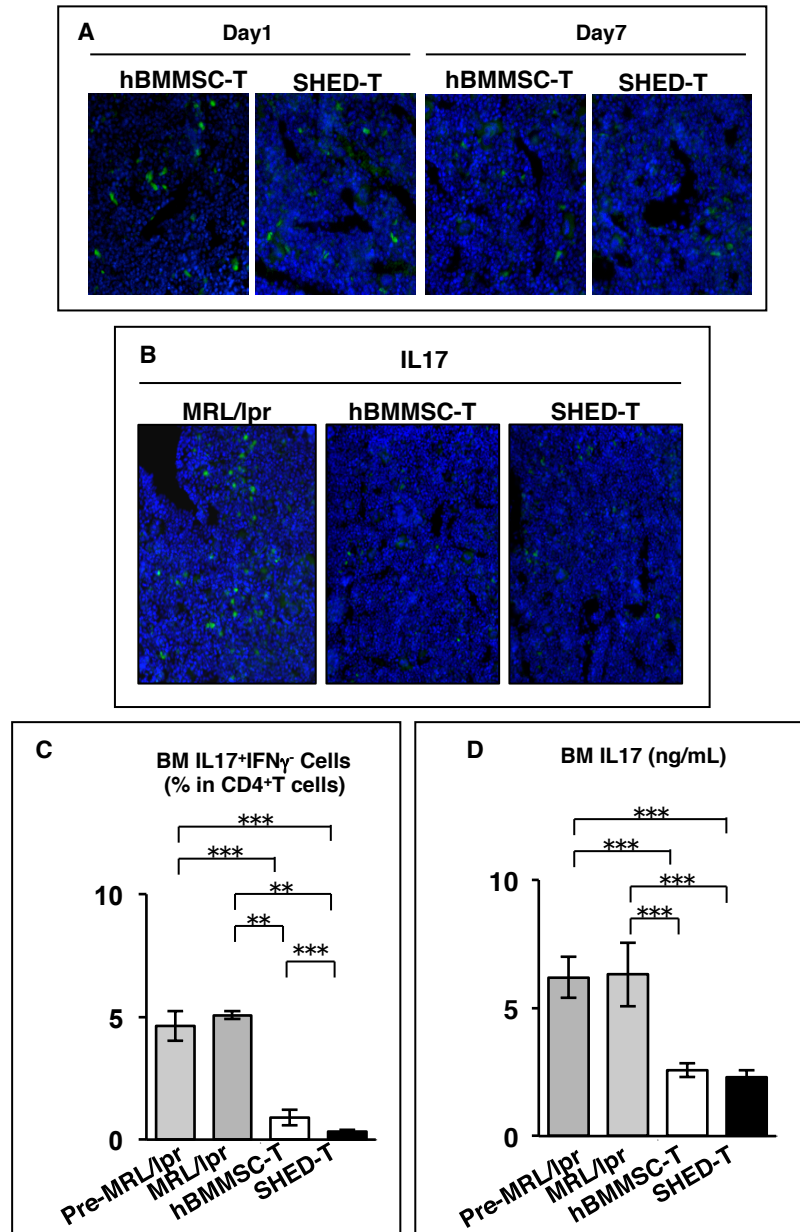


Figure S6. Systemic hMSC transplantation suppresses the IL-17-enhanced environment in recipient bone marrow of MRL/lpr mice. (A) *In vivo* homing assay of hBMMSCs and SHED in recipient bone marrow. Cell tracing assay using the CFSE-labeling method. Nuclei were counterstained with DAPI. Day 1: Cell infusion after 1 day; Day 7: Cell infusion after 7 days. (B–D) Levels of IL-17 and Th17 cells in recipient bone marrow. Immunofluorescence of IL-17 (IL17). Nuclei were counterstained with DAPI. (B). Flow cytometric analysis of CD4⁺IL-17⁺IFN γ ⁺ cells in bone marrow (BM CD4⁺IL-17⁺IFN γ ⁺ cells) (C). ELISA of bone marrow IL-17 (BM IL17) (D). A–D: n=5 for all groups. C, D: ** P <0.01 and *** P <0.005. Bar graphs show the means \pm SD.

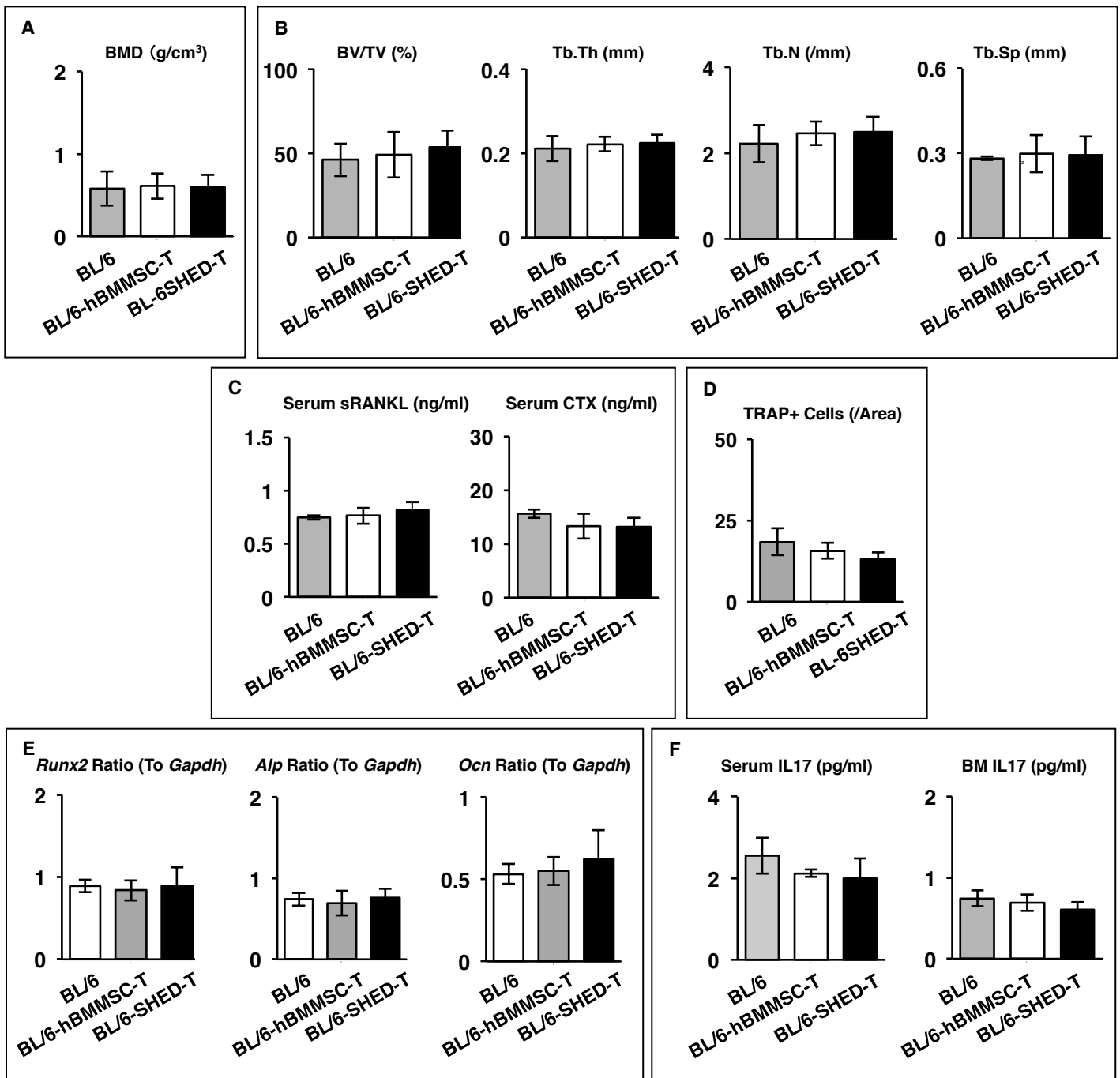


Figure S7. Systemic hMSC transplantation shows no effect to the bone loss and IL-17 levels in C57BL/6 mice. (A, B) Morphological analyses of mouse tibiae. Bone mineral density (BMD) (A). Trabecular bone parameter assay. BV/TV: bone volume ratio to tissue volume; Tb.Th: trabecular thickness; Tb.N: trabecular number; Tb.Sp: trabecular separation (B). (C, D) *In vivo* osteoclast activity assay. ELISA of mouse serum. CTX: C-terminal telopeptides of type I collagen; sRANKL: soluble RANKL (C). Histological analysis of recipient tibias by TRAP staining. TRAP+ cells: TRAP-positive osteoclast-like cells (D). (E) *In vivo* osteoblast activity assay. Real-time RT-PCR analysis of osteoblast-specific genes. *Alp*: alkaline phosphatase; *Gapdh*: Glyceraldehyde 3-phosphate dehydrogenase; *Ocn*: osteocalcin; *Runx2*: runt-related transcription factor 2. (F) IL-17 levels in serum and bone marrow. ELISA. A–F: n=5 for all groups. BL/6, BL/6-hBMMSC-T, BL/6-SHED-T: non-, hBMMSC-, and SHED-transplanted C57BL/6 mice. Bar graphs show the means±SD.

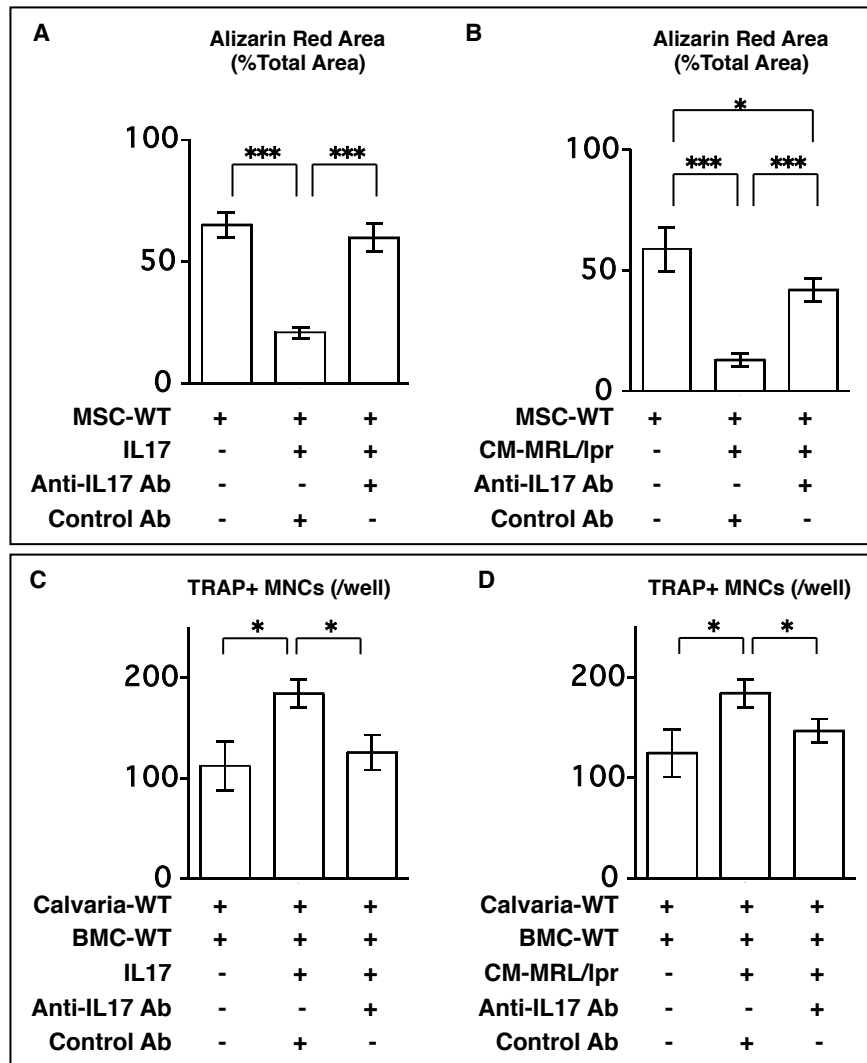


Figure S8. Effects of IL-17 on osteogenic capacity and osteoclast differentiation. (A, B) Alizarin Red staining 4 weeks after the osteogenic induction of wild type mouse-derived BMMSCs (MSC-WT) under recombinant mouse IL-17 (IL17) (A) or conditioned medium of MRL/lpr mice-derived BMCs (CM-MRL/lpr) (B) in the presence and absence of anti-mouse IL-17 antibody (Anti-IL17 Ab) or the control antibody (Cont Ab). (C, D) TRAP staining after co-culture of wild type mouse-derived BMCs (BMC-WT) and calvarial cells (Calvaria-WT) stimulated by $1\alpha, 25(\text{OH})_2$ vitamin D_3 and prostaglandin E_2 under IL17 (C) or CM-MRL/lpr (D) in the presence and absence of Anti-IL17 Ab. $n=5$ for all groups. $*P<0.05$, $***P<0.005$. The graph bars show means \pm SD.

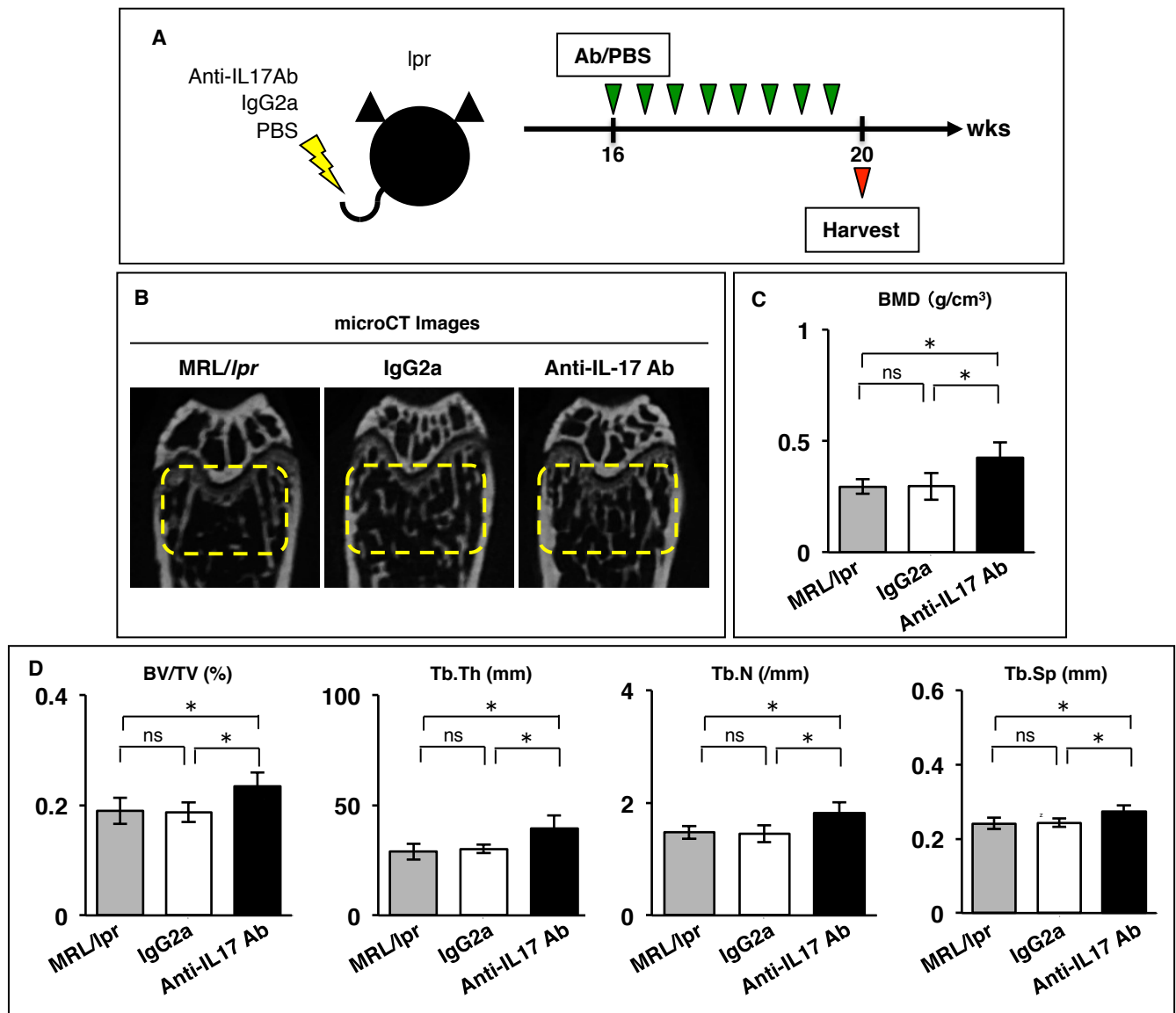


Figure S9. Systemic treatment of anti-IL-17 antibody improves bone loss in MRL/lpr mice. (A) A schema of systemic treatment of anti-IL-17 antibody (Anti-IL17 Ab) into MRL/lpr (lpr) mice. The antibody (1 mg/ml) was intraperitoneally injected twice a week for 4 weeks to MRL/lpr mice at 16 weeks (wks) of age. The control mice were treated with the isotype-matched IgG2a or PBS. (B–D) Morphological analyses of mouse tibiae. Representative microCT images of trabecular bone structures stage of MRL/lpr mice at 20 weeks of age (yellow-dashed areas) (B). Bone mineral density (BMD) (C). Trabecular bone parameter assay. BV/TV: bone volume ratio to tissue volume; Tb.Th: trabecular thickness; Tb.N: trabecular number; Tb.Sp: trabecular separation (D). B–D: n=5 for all group. MRL/lpr, IgG2a, Anti-IL17 Ab: non-, IgG2a and Anti-IL17 Ab-treated MRL/lpr mice at 20 weeks of age, respectively. * $P < 0.05$. ns: no significance. The graph bars represent means \pm SD.

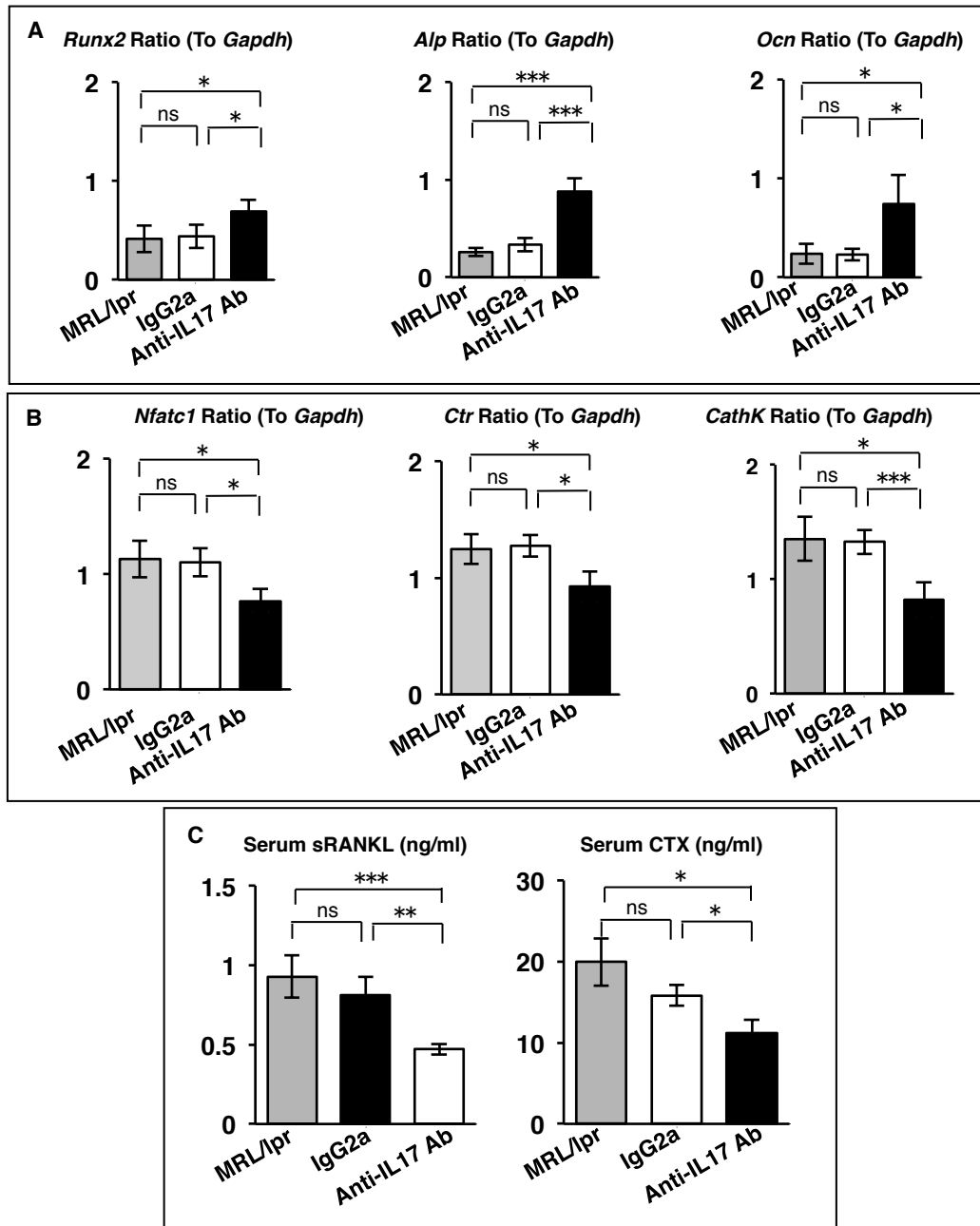


Figure S10. Systemic treatment of anti-IL-17 antibody regulates osteoblastogenesis and osteoclastogenesis via recipient BMMSCs in MRL/lpr mice. (A) *In vivo* osteoblast differentiation assay. Real-time RT-PCR analysis of osteoblast-specific genes in recipient long bones of MRL/lpr mice at 20 weeks of age. *Alp*: alkaline phosphatase; *Gapdh*: Glyceraldehyde 3-phosphate dehydrogenase; *Ocn*: osteocalcin; *Runx2*: runt-related transcription factor 2. (B) *In vivo* osteoclast differentiation assay. Real-time RT-PCR analysis of osteoclast-specific gene assay in recipient long bones of to MRL/lpr mice at 20 weeks of age. *Nfatc1*: nuclear factor of activated T cells, cytoplasmic 1; *Ctr*: calcitonin receptor, *CathK*: cathepsin K. (C) *In vivo* osteoclast activity assay. ELISA analyses of mouse serum. CTX: C-terminal telopeptides of type I collagen; sRANKL: soluble RANKL. A-C: n=5 for all groups. MRL/lpr, IgG2a, Anti-IL17 Ab: non-, IgG2a and Anti-IL17 Ab-treated MRL/lpr mice at 20 weeks of age, respectively. * $P < 0.05$ and *** $P < 0.005$. ns: no significance. Bar graphs show the means \pm SD.